

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION TO PROVIDE
ASBESTOS ANALYTICAL SERVICES

1. TYPE OF APPLICATION: ___ Initial ___ Renewal ___ Amendment

If Renewal or Amendment, current certificate number: AAL - _____

2. APPLICANT:

Facility: _____

Lab Director: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS ANALYTICAL SERVICES REQUESTED: (Check ALL applicable items.)

___ Analysis of Bulk Samples for Type and Percentage of Asbestos via Polarized Light Microscopy (PLM). [Complete Item 7A.]

___ Analysis of Air Samples for Asbestos via Phase Contrast Microscopy (PCM). [Complete Item 7B.]

___ Analysis of Samples for Asbestos via Transmission Electron Microscopy (TEM). [Complete Item 7C.]

___ Other Asbestos Analyses (Specify) _____

4. EMPLOYEES PERFORMING ASBESTOS ANALYSIS:

Provide the name, title and dates of employment of each prospective asbestos analyst. Attach a copy of certificate(s) indicating successful completion of formal training required by Paragraph D.3.2(a) (6) (i) [PLM/PCM] and/or Paragraph D.3.2 (a) (9) (i) [TEM]. Alternatively, a properly documented and signed Form ASB-11L (3/92) may be used to document successful completion of in-house training pursuant to Paragraph D.3.2 (a) (6) (ii) [PLM/PCM] and/or Paragraph D.3.2 (a) (9) (ii) [TEM]. Renewal applications should only include documentation of training not already on file with the Agency.

5. AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all federal, state or local jurisdictions in which the applicant currently holds a license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory. Attach copies of all such licenses, certificates and/or authorizations.

6. ENFORCEMENT ACTIONS IN OTHER JURISDICTION:

- A. Has any federal, state or local jurisdiction ever revoked or suspended your license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory? ☐ Yes ☐ No

If Yes, for each such incident attach a description of: the agency taking action, date and nature of action, reason for action, type of penalty imposed, and other supporting information.

- B. Does any federal, state or local jurisdiction have an outstanding enforcement action(s) against the applicant? ☐ Yes ☐ No

If Yes, provide details as per Item 6A.

7. QUALITY CONTROL/PROFICIENCY TESTING PROGRAMS:

- A. **For analysis of bulk asbestos samples:** Attach evidence that the applicant's laboratory facility is currently accredited for Polarized Light Microscopy (PLM) in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology (NIST).
- B. **For analysis of air samples:** Attach evidence that the National Institute for Occupational Safety and Health has rated the applicant's laboratory facility as "Proficient (P)" in the Proficiency Analytical Testing (PAT) program's most recent round for asbestos evaluation.
- C. **For analysis of asbestos samples by Transmission Electron Microscopy (TEM):** Attach evidence that the applicant's laboratory facility is currently accredited for TEM in the Asbestos Fiber Analysis Program administered by the National Voluntary Laboratory Accreditation Program (NVLAP) of the national Institute of Standards and Technology (NIST).
- D. The applicant has established Quality Control Procedures for analysis of asbestos samples? ☐ Yes ☐ No

If Yes, attach a copy of your current Quality Control Procedures.

8. FEES:

The following fee(s) must accompany the application:

___ Amend Certification to include additional asbestos analysts @ \$ 40
(not required with initial or renewal applications).

___ Non-Refundable initial/renewal application fee for all facilities @ \$75

___ Initial/renewal certification fee for facilities performing only PLM/PCM analysis of samples for asbestos @ \$225

___ Initial/renewal certification fee for facilities performing only TEM analysis of samples for asbestos @ \$225

___ Initial/renewal certification fee for facilities performing PLM/PCM and TEM analysis of samples for asbestos @ \$350

9. CERTIFICATE (This item must be completed by applicant)

The applicant and any official executing this certificate on behalf of the applicant named in Item 2 certify that they have read and understand the Rhode Island rules and Regulations for Asbestos Control. The applicant and any official executing this application is prepared in conformity with the Rhode Island Rules and Regulations for Asbestos Control and that all information contained herein, including any supplements attached hereto, is true and correct to the best of their knowledge and belief. The applicant and any official executing this certificate on behalf of the applicant named in Item 2 further certify that their license, certificate and/or other authorization as a general analytical laboratory and/or asbestos analytical laboratory has not been suspended or revoked by any federal, state or local jurisdiction except as noted in Item 6.

By: _____
(Signature) (Type or Print Name of Certifying Official)

Date: _____
(Title of Certifying Official)

Complete application and fee(s) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill Room 206
Providence, RI 02908-5097
(401) 222-3601**